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2005 Assisted Living Sales Prices Reach Record Level

Average sales prices for units in assisted living facilities reached an all-time high of \$140,300 per unit during 2005—a 50 percent increase from 2004—due to strong demand from a variety of investors and operators along with a large supply of high-quality properties, according to a report recently released by Irving Levin Associates, Norwalk, Conn.

“The sharp jump in the average price per unit was the result of an increase in higher-quality, more profitable assisted living facilities coming on to the market in the past year, particularly high-end portfolios that attracted a variety of traditional real estate buyers as well as foreign investors,” said Stephen Monroe, editor of “The Senior Care Acquisition Report, 11th Edition.”

Irving Levin Associates is a research and publishing firm that follows mergers and acquisitions in the seniors housing and health care markets. The report’s statistics are based on more than \$4.2 billion of seniors housing and care asset sales in 2005, three times the volume completed in 2004.

The report also covers sales of independent and skilled nursing facilities. In the independent living market, the average price paid per unit more than doubled in 2005 to slightly more than \$150,000 per unit, and the median also doubled to \$129,800 per unit. The increase comes after a drop of 20 percent for independent living in 2004.

“Just like the assisted living side of the business, higher-quality, newer, and stabilized retirement communities and portfolios came on the market in 2005, driving up demand and prices,” said Monroe, adding, “Average cap rates for both independent living and assisted living facilities dropped by more than 100 basis points in 2005, adding fuel to the buying frenzy.”

For more information, visit www.levinassociates.com.

NCAL Announces 2006 National Assisted Living Week Theme

Recognizing the heartfelt desires of assisted living staff members, residents, and their families, the theme for the 12th annual National Assisted Living Week® (NALW) is “Hearts In Harmony.”

The theme illustrates the desire of assisted living and residential care employees to deliver care and services to residents in a loving manner that respects the residents’ preferences and maintains their independence. The theme also recognizes the role family members and friends play in residents’ lives.

NALW runs for the week of Sept. 10-16, 2006. The National Center for Assisted Living (NCAL) established NALW in 1995 to recognize the role assisted living residences play in helping our nation’s seniors and people with disabilities enjoy a meaningful quality of life.

Caregivers deliver compassionate and loving care to about 1 million residents in an estimated 36,000 licensed assisted living and residential care facilities nationwide.

The nation’s professional assisted living community, NCAL, the American Association of Homes and Services for the Aging (AAHSA), and the Assisted Living Federation of America (ALFA) continue collaborating to celebrate NALW for the third consecutive year. CNL Retirement Corp., a real estate investment trust, Orlando, Fla., is once again corporate sponsor. CNL is one of the nation’s leading investors in the seniors housing market, specializing in the acquisition of premium independent and assisted living communities.

An NALW planning guide is being developed and will be sent to members during the summer. For more information about previous NALW celebrations, visit www.nalw.org.

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States Reexamine Emergency Preparedness Plans

The response to Hurricanes Katrina and Rita has motivated many state legislatures to reexamine and improve their emergency preparedness plans. Among the numerous bills are initiatives that focus on revising or establishing new laws or regulations for assisted living and residential care facilities (ALFs/RCs). While inclement weather or other catastrophes pose a threat to all citizens, some legislators have recognized that vulnerable populations, such as seniors who are living in long term care facilities, are at an even greater risk during these times of adversity.

ALF/RC providers realize the daunting challenges and have been advising legislators about what will and what will not work for facilities. Relocating residents is never simple, and the bills highlighted in this column illustrate the range of issues that facilities encounter during catastrophic events.

In a 13-month period from January 2005 through 2006, many states have seen their emergency plans in action. During that time, the federal government declared major disasters in 32 states (see map, page 4). These emergencies ranged from hurricanes and tornadoes to snowstorms, flooding, mudslides, and other natural or manmade disasters.

As a result, a new wave of policy initiatives regarding emergency preparedness has swept through not only Gulf state legislatures, but the East and West Coasts and the Plains states.

For instance, lawmakers in Florida, Oklahoma, and Pennsylvania called for residential care emergency preparedness reforms in late 2005. These state initiatives focused primarily on develop-

ing policies and procedures to relocate seniors during natural or manmade disasters.

Louisiana

After Hurricanes Katrina and Rita, Louisiana legislators convened a special session in January 2006, during which they adopted an emergency rule concerning long term care facilities.

The new regulation mandates that all assisted living and other residential care centers develop a plan that “conforms to the Office of Emergency Preparedness [OEP] model designed to manage the consequences of declared disasters or other emergencies that disrupt the facility’s ability to provide care and treatment or that threaten the lives or safety of the residents.”

Provisions for transportation and continued care must be included, and

facilities are expected to execute their plans if the state or locality declares an emergency.

Hawaii, Rhode Island

Similarly, lawmakers in Hawaii and Rhode Island have proposed legislation that would require assisted living facilities to adopt emergency preparedness programs. State senators in Hawaii introduced a bill (SB 2995) that would obligate all state-licensed long term care facilities to file disaster preparedness plans with the Hawaii Department of Health. The bill is awaiting approval by the Senate Ways and Means Committee. Similar to Hawaii’s legislation, both houses of the Rhode Island legislature have drafted joint resolutions (HJR 7426 and SJR 2487) that the state Department of Health establish

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Bill Would Boost Long Term Care Insurance

A proposed bill would encourage more Americans to purchase long term care insurance by allowing employers to offer coverage as part of their cafeteria plans and flexible spending accounts.

The Aging with Respect and Dignity Act, introduced by Sen. Rick Santorum (R-Pa.), would change tax rules to allow employers to offer insurance plans to employees using pretax dollars, similar to a 401(k) plan. The legislation would also expand flexible spending account rules, allowing the accounts to be used for long term care services for family members.

Other provisions of the bill would enable individuals to establish independent retirement account-like long term care accounts, to which they could contribute up to \$5,000 a year, and create life care annuities that would allow distribution from long term care riders.

“As America will soon confront its greatest unfunded liability—the public cost of future retirees’ long term care needs—Congress needs to pass a variety of new approaches that utilize the tax code to more effectively meet those costs and to help empower every American with the ability to plan and finance their future long term care needs,” said Bruce Yarwood, president and chief executive officer of the American Health Care Association/National Center for Assisted Living, which backs the Santorum approach.



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requirements for residential care facilities to adopt evacuation plans. The proposed resolutions have not yet been referred to committees.

Virginia

Virginia assembly members proposed a different approach through two unique bills that would enhance preparedness within assisted living and other long term care facilities. The first (HB 231) would require that all adult day care and assisted living employees undergo specialized emergency preparedness training in order to obtain or maintain state licensure. This would guarantee that staff members are informed about the best means of providing care to senior residents during severe weather,

natural disasters, or other urgent situations. The second measure (HB 465) would require all long term care establishments to provide the state with exact information concerning facility locations, including specific street addresses, maps, alternative routes, and longitudinal and latitudinal coordinates. By mandating such specific information, legislators anticipate that facilities will be more easily accessible in the event of an emergency.

However, Beverly Soble, vice-president of regulatory affairs for the Virginia Health Care Association/Virginia Center for Assisted Living (VHCA/VCAL), explained that while the legislation was theoretically beneficial, the bills were not written in a way that maximized effectiveness.

"[VHCA/VCAL] believe[s] in emergency training and planning, but not training as it was proposed in the legislation," she said, adding, "[Employee] participation in the training should not be a condition of licensure."

Soble also noted that the requirement to provide Virginia with geographical information unnecessarily duplicates an existing state requirement that facilities report their locations to the commissioner of the Department of Social Services.

New York

Like Virginia, New York Assembly members have proposed a bill (HB 9164) that would compel localities to offer emergency preparedness training

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California And Florida Address Emergency Preparedness

StateWatch, continued from page 3 for state assisted living facility staff and other public employees. Unlike the Virginia legislation, the New York bill does not make state licensure contingent upon emergency training. The measure has been referred to the Assembly's Government Operations Committee.

California

On the West Coast, California lawmakers have introduced two bills pertaining to emergency preparedness in assisted living and other long term care facilities. House Bill 2990 specifically focuses on emergency preparedness plans to protect citizens who are at least 60 years of age. The measure mirrors Virginia and New York legislation mandating emergency training for employees; however, the bill also calls for improvements to the state's existing preparedness plans.

Another initiative (SB 1451) provides that the state fire marshal convene an advisory committee to evaluate the most effective means of protecting vulnerable populations.

The bill also requests research funding from the Department of Homeland Security to develop new technologies and information systems that could assist in evacuating seniors from assisted living and nursing facilities.

Florida

As a state that has been deluged with hurricanes, Florida has developed some novel approaches to preparing skilled nursing facilities for emergencies by introducing an initiative (SB 298) that

would require all skilled nursing facilities to be outfitted with their own emergency power systems.

A similar provision for assisted living does not exist; however, a recently introduced committee bill is looking at tying the discharge of people who are infirm or have developmental disabilities from specially operated centers to assisted living and other long term care providers after a storm has passed.

During evacuations, Florida operates special needs shelters for people with

the resident. "We think this proposed committee bill could provide an incentive for ALFs to admit people from a special needs shelter after a hurricane," says Lee Ann Griffin of the Florida Center for Assisted Living (FCAL). "It's very early in the legislative process, and this is only the first step down the road."

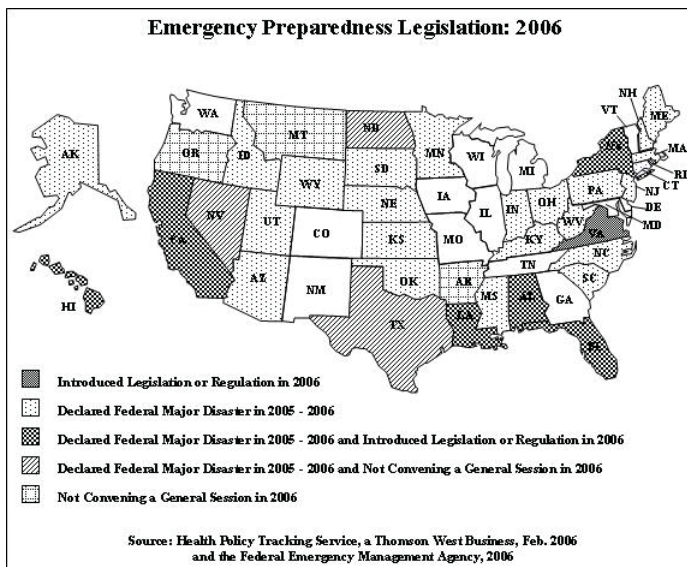
Griffin anticipates other assisted living issues being inserted into the bill.

Recently, FCAL and its sister organization, the Florida Health Care Association, conducted a two-day hurricane preparedness summit for long term care providers operating in the Gulf Coast states. As a result of that summit, providers asked the American Health Care Association and National Center for Assisted Living (AHCA/NCAL) to lobby for a change in the Stafford Act to allow for-profit skilled nursing facilities and ALFs to receive Federal Emergency Management Agency (FEMA) funds. Long term care providers also asked AHCA/NCAL to work with

the Centers for Medicare & Medicaid Services to ensure Medicare Part D drug plans supply an additional 30-day supply of prescription drugs to residents who are enrolled in the plan.

With less than 90 days to the start of the 2006 hurricane season, providers and government agencies alike are looking to improve how they respond to emergencies.

The State Watch column is written and reported by Lawren Bercaw of Health Policy Tracking Services.



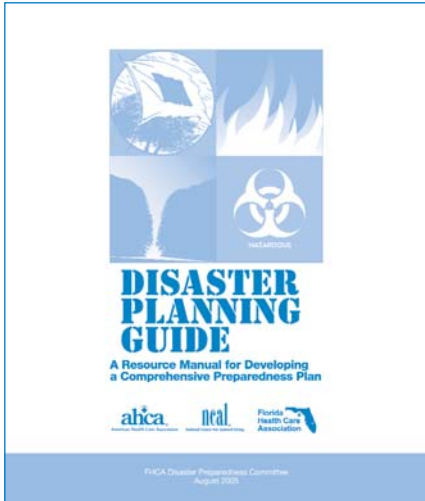
disabilities or medical needs who live in their own homes or community setting.

When Florida declares the emergency over and closes the shelters, the proposed emergency management committee bill would allow Florida to discharge people from the shelters and place them in any kind of long term care facility—such as assisted living—if the person's facility or home has been destroyed by the storm. As it is currently written, the bill also instructs the state to reimburse providers for taking care of



BE SAFE. BE READY.

Disaster Planning Guide A Resource Manual for Developing a Comprehensive Preparedness Plan



This manual was developed by the Florida Disaster Preparedness Committee and the Florida Health Care Association. It is meant to be a reference tool to assist in the development and implementation of a disaster procedure manual and an emergency operations plan for your own facility. Because long term care facilities may differ greatly in their location, population, and structure, no single emergency management plan can be developed to fit all facilities.

Potential disasters considered include: fires, tornados, bomb scares, hazardous accidents in the community, bio-terrorism, hypo- and hyperpyrexia, and hurricanes. It considers disaster plans with evacuation

and without evacuation; transportation; housing; finance; insurance; and legislative and legal issues. It includes 22 appendices, including many checklists (implementation, administrator, supplies, evacuation, etc.).

AHCA/Florida Health Care Association, 2005, binder, 151 pages

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Race/Ethnicity/Gender Make A Difference In End-Of-Life Care

An individual's race, ethnicity, gender, and religion influence their attitudes toward end-of-life care, researchers have found, leading them to recommend that health care providers deliver care that is sensitive to these factors.

According to research published in the January edition of the *Journal of the American Geriatrics Society*, "The provision of culturally competent care can increase resident/family satisfaction. Moreover, providing culturally competent care can increase cost effectiveness by eliminating services that are not acceptable to selected groups and individuals and enhancing those that are effective."

To examine the attitudes affecting end-of-life care, researchers asked 73 adults from five different racial and ethnic groups about end-of-life care. The participants included Arab Muslims, Arab Christians, Hispanics, African-Americans, and Caucasians. Participants answered a questionnaire about demographic information and end-of-life issues. The participants were asked to imagine they had just been diagnosed with a terminal illness and had six months to live. A moderator led 10 focus groups comprising both men and women and asked them to explain the reasons for their choices.

Arab Americans indicated that their family would take care of them when they were dying. They were against assisted suicide, extending life artificially, and nursing facilities and were generally unfamiliar with the concept of hospice. They did not want to be personally informed about their impending death or terminal illness.

Hispanics wanted to control their

place of death and preferred not to have feeding tubes or do-not-resuscitate orders. Hispanics indicated they wanted to die with dignity and good care and not have to suffer or have someone change their diapers. They felt it was important to avoid a nursing facility but were open to receiving care in a hospital or hospice. Hispanic women were against "pulling the plug," yet wanted extensive medical intervention.

Hispanic men were the only group to say they would refuse dialysis and pain medications in order to stay alert. Despite their Catholicism, Hispanic men preferred assisted suicide and wanted to rename it "assisted dying."

African-Americans said they wanted to die away from home and preferred a nursing facility, intensive care, or hospice rather than burden their families with care. African-American women, like Hispanic women, were opposed to assisted suicide and wanted extensive medical intervention. African-American men preferred antibiotics, pain medications, and dialysis but not life support. Similar to Hispanic men, African-American men preferred assisted suicide.

Caucasians also did not want to burden their families with the responsibility of end-of-life care. They were open to hospice and nursing facilities, yet many preferred to die at home. The most important aspect for Caucasians was to have choices and an advance directive. They were opposed to extensive measures to extend life. They wanted to know what to expect physically and preferred pain treatment.

Researchers also identified concepts that each group felt was important.

"Concepts important to all groups

included being comfortable, physician communication, having responsibilities taken care of, hope and optimism, and honoring spiritual beliefs," the researchers wrote. "Other concepts common to most groups were love and compassion, being cared for, expressing feelings, fixing relationships, saying good-bye, having choices, making plans, not being in pain, and being ready to go," the researchers wrote.

Researchers recommended more sensitive caregiving methods and identified education opportunities.

"Health care providers should remember that racial-ethnic difference in end-of-life preferences can be used to guide practice and improve cultural sensitivity but not supersede the need to recognize varying individual preferences. Health care providers should consider the many end-of-life concerns that were important to all groups," the researchers wrote.

Specific recommendations included:

- Caregivers should honor residents' personal values according to race, ethnicity, culture, sex, age, and diagnoses.
- Caregivers should not abandon dying residents and should build trust with the family and resident.
- Caregivers dealing with Arab American residents may want to discuss the patient's condition with family members first so that the relatives could slowly inform the patient about their condition.
- Health care providers should encourage couples to discuss end-of-life preferences because often the spouse makes the decisions regarding end-of-life care that may not be in accordance with the patient's preferences.



Facility Opens Free Culinary College For Staff

In an effort to attract potential employees, motivate staff, and improve the quality of dining services, the Greenspring Village Retirement Community (GSV) dining services director and executive chef opened a culinary college that rivals the training of any food institute, say its creators.

Vinson Bankoski, Greenspring's dining services director, and Sam Soto, executive chef, are graduates of the Culinary Institute of America, located in Hyde Park, N.Y.—one of the country's leading culinary institutes.

With the low unemployment rates in the Washington, D.C., area, Bankoski said he hoped the Culinary College would attract potential employees to the facility while the professional development training offers staff members a "great" opportunity to improve their

self-esteem and future earning power, and improve dining services.

"We set out to develop a curriculum that will rival those currently available in the food service industry," said Bankoski. "The classes will be comprehensive and rigorous. There will be both written and practical exams throughout the course work."

Bankoski says the curriculum is based on an associate in science degree, covers the fundamentals, and would cost about \$55,000 a year at a culinary institute.

GSV Culinary College is free to staff members who are interested in enrolling; however, the course requires workers to pass a core of competencies for each class. Those students who don't pass each class competency will not be able to progress to the next

class. Bankoski and Soto are teaching the lessons, which are held in the community's kitchen. Some of the class topics include:

- Food safety, history of gastronomy, sanitation;
- Fish, meat, poultry preparation;
- Proper usage of vegetables, spices and herbs;
- Breakfast, brunch cookery;
- Buffet catering;
- Baking, pastry.

Certificates will be awarded to those students who successfully complete the course curriculum.

"We have 12 individuals who were accepted into the program this year. It's exciting to be able to offer this kind of program to our dining staff and witness a group that will be the first class of the GSV Culinary College," said Bankoski.

CMS Issues Warning About Part D Phone Scam

The Centers for Medicare & Medicaid Services (CMS) warns seniors and people with disabilities to be aware of a scheme in which a person phones a Medicare beneficiary asking for money and checking account information purportedly to help them enroll in a Medicare prescription drug plan.

This scheme is called the "\$299 Ring" for the typical amount of money Medicare beneficiaries are talked into withdrawing from their checking accounts to pay for a nonexistent prescription drug plan.

Legitimate Medicare drug plans will not ask for payment over the telephone or the Internet. Plans must bill the beneficiary for the monthly premium, and that amount is set up as an

automatic withdrawal from the beneficiary's monthly Social Security check, or they may opt to pay the monthly premiums in other ways such as writing a check or setting up automatic payments from their checking accounts.

Consumers should report these calls to local law enforcement agencies, or call 1 (877) 7SAFERX.

CMS reports that Medicare has received complaints from Georgia, Indiana, Massachusetts, Michigan, New Jersey, and Pennsylvania. Complaints have been made against a number of companies, but authorities believe that the companies represent the same entity and are based outside the United States, according to CMS.

CMS issued the following reminders to Medicare beneficiaries

about what is not allowed under Medicare Part D rules.

- No Medicare drug plan can ask a beneficiary for bank account or other personal information over the telephone.
- No beneficiary should ever provide that kind of information to a caller. Beneficiaries should contact their local police department if they believe someone is trying to take money or information from them illegally.
- No prescription drug plan can ask beneficiaries for personal information during marketing activities.

Medicare beneficiaries who have any questions or concerns about any sales or market activity regarding Medicare can call 1 (800) MEDICARE.



Phil Manz is Care Providers of Minnesota's new membership director and housing and community-based service specialist. He will oversee assisted living and residential care services. Manz' professional background includes experience in membership and sales at non-profit organizations.

The Michigan Center for Assisted Living's newest board member is **Laurie Shepard**. Shepard is the executive director of Ingham Regional Assisted Living, a 72-unit assisted living community located in Lansing, Mich. She also serves as assisted living consultant for Eaton Rapids Assisted Living project.

Carl Moellenkamp has been appointed by Lutheran Homes & Services, Arlington Heights, Ill., as vice president of corporate financial relations. He will also serve as the community's chief financial officer. He will be respon-

sible for preparing financial projections and budgets as well as contributing to Lutheran Homes' strategic plan.

Montereau in Warren Woods, a retirement community located in Oklahoma, has appointed **Marlene Cato** as director of nursing for the company's health centers. She will be responsible for overseeing nursing services in the company's assisted living, Alzheimer's, and dementia centers and the company's skilled nursing center.

Nationwide Health Properties (NHP), Newport Beach, Calif., has announced that **Robert Noonan** has been named one of its senior investment officers, who will be based in Boston. Noonan joins NHP after serving as chief investment officer and as one of the founding principals of Benchmark Assisted Living, a New England-based assisted living investment and management company.

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Your suggestions and feedback about NCAL FOCUS are welcome. Contact Lisa Gelhaus by e-mail (lgelhaus@ncal.org), by phone (202-898-2825), or by writing to the address above.

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